## PATENT APPLICATION & EDETERMINATION RECORD ecember 8, 2004

| Application or Docket Number |   |  |  |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|--|--|
| 10/53241                     | 3 |  |  |  |  |  |  |  |

|  |  |   | SMALL ENT   | TV                            |                                 | 071150                          |            |                     |                        |            |                            |                        |
|--|--|---|---|-------------------------------|---------------------------------|---------------------------------|------------|---------------------|------------------------|------------|----------------------------|------------------------|
|  |  |   | (Column 4)  |                               |                                 |                                 |            | TYPE []             |                        | OR         | OTHER THAN OR SMALL ENTITY |                        |
| •  |  |   | (Column 1   | ((                            | (Column 2)                      |                                 |            |                     |                        | · · · · ·  | -141111                    |                        |
| U.S.   | NATIONAL S                                     | TAGE FEES                                 |   | _                             | _                               |                                 | ]          | RATE                | FEE                    |            | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. =  | LARG                          | E ENT. = \$ 300                 |                                 | BASIC FEE  |                     | OR                     | BASIC FEE  | 301                        |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Artic<br>(4) = \$50/\$                |                               | er situations =<br>100 / \$ 200 | ]                               | EXAM. FEE  |                     |                        | EXAM. FEE  | 306                        |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50<br>ALL other count<br>\$200/\$40 | nies =                        |                                 | er situations =<br>250 / \$ 500 |            | SEARCH FEE          |                        |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus   |                               | / 50 =                          |                                 | X \$ 125 = |                     |                        | X \$ 250 = |                            |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 15 minu   | •                             |                                 |                                 | X \$ 25 =  |                     | OR                     | X \$ 50 =  |                            |                        |
| INDE   | PENDENT CL                                     | NMS                                       | 4 min   | us 3 =                        | •                               | <u> </u>                        |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 | 3DV                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |   |                               |                                 |                                 | + \$ 180 = |                     | OR                     | +\$360=    |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |                               |                                 |                                 |            | TOTAL               |                        | OR         | TOTAL                      |                        |
|  |  | CLAIMS AS A                               | AMENDED -   | PART                          | rıı                             |                                 |            |                     |                        |            |                            |                        |
| 4  | 200  | (Column 1)                                | - MILITULD  | (Colur                        |                                 | (Column 3)                      |            | SMALL E             | NTITY                  | OR         | OTHER SMALL E              |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                    | PRESENT<br>EXTRA                |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 183                                     | Minus   | * [                           | $\mathcal{X}$                   | - /                             | 1          | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | • 24                                      | Minus   | ··· 4                         | L                               |                                 | 1          | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                                 |                                 |            | +\$ 180 =           |                        | OR         | +\$360 =                   |                        |
|  |  |   |   |                               |                                 |                                 | -          | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|  |  |   |   |                               |                                 |                                 |            |                     |                        |            |                            |                        |
|  |  | (Column 1)                                |   | (Colur                        |                                 | (Column 3)                      |            | <u> </u>            |                        |            |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                    | PRESENT<br>EXTRA                |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus '   | re .                          |                                 | =                               |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus   | 100                           |                                 | -                               |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                                 |                                 |            | +\$.180 =           |                        | OR         | +\$360 =                   | ·                      |
|  | •  | _   |   |                               |                                 |                                 |            | TOTAL ADDIT.        |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|  |  |   |   |                               |                                 |                                 |            | (                   |                        |            |                            |                        |
|  |  |   |   |                               |                                 |                                 |            |                     |                        |            |                            | - 1                    |
| •  |  | ımn 1 is less than th                     | •   |                               |                                 |                                 |            |                     |                        |            |                            | ·                      |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter '20'. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter '3'. |  |   |   |                               |                                 |                                 |            |                     |                        |            |                            |                        |
|  | _  | mber Previously Paid                      |   |                               |                                 |                                 | nd in t    | ne appropriate box  | c <b>in colu</b> mn 1. |            |                            |                        |
|  |  |   |   |                               |                                 |                                 |            |                     |                        |            |                            |                        |